

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER****John W. Oxendine, Commissioner**

PREMIUM TAX UNIT

2 MLK, JR. DR., 916 WEST TOWER, ATLANTA, GA 30334

WWW.GAINSURANCE.ORG**FORM
GID 12A**

Rev.10/08

**STATEMENT OF QUARTERLY PREMIUM TAX
FOR THE PERIOD ENDED _____, 2009**CHECK HERE FOR ADDRESS CHANGE ☐CONTACT CHANGE ☐

Company Name _____

Mailing Address for Premium Tax _____

City, State and ZIP _____

Contact Name for Premium Tax Issues _____

Contact Phone Number _____

Contact E-Mail Address _____

Company Type: Life and A&S _____ HMO _____ P&C, Surety or Captive _____ Title _____ Other _____

State of Domicile _____ Company NAIC Number _____

METHOD 11a. Total Tax Paid for year ended 12/31/2008
(Form GID-12, Line 14 for 2008)

\$ _____

1b. Prepayment Due
(Line 1 Times .25)

\$ _____

METHOD 22a. Estimated Taxable Premiums for
this Quarter

\$ _____

2b. Prepayment Due
(Line 2a times .0225)

\$ _____

3. Prepayment Due From Line 1b or Line 2b Above

\$ _____

4. Prior Year Overpayment To Be Applied This Quarter

\$ _____

5. Payment Included With This Statement
(Amount on Line 3 Minus Amount on Line 4)

\$ _____

Check here if paying by EFT ☐INSTRUCTIONS**

1. Estimated quarterly payments must be at least 80% of tax actually due (NOT OF TAX ESTIMATED TO BE DUE) for the quarter or you may make four equal quarterly payments based on preceding calendar year's tax. (O.C.G.A. § 33-8-6)
2. Forward your report to the address at the top of this form. Make checks payable to "Georgia Insurance Department."
3. Abatements/credits provided for in Title 33 of the Official Code of Georgia Annotated may not be used in determining quarterly estimated premium tax due.
4. Pay Tax and have quarterly reports POSTMARKED BY U.S. POSTAL SERVICE (NOT IN-HOUSE POSTAGE EQUIPMENT) on or before the 20th day of March, June, September and December. OTHERWISE, THIS FORM MUST BE RECEIVED BY THE GEORGIA INSURANCE DEPARTMENT ON OR BEFORE THE 20th DAY OF MARCH, JUNE, SEPTEMBER, AND DECEMBER. If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at (404) 656-7553 for bank information and instructions.
5. Valid period ending dates are March 31, June 30, September 30, and December 31.
6. If you have questions regarding the completion of this form, please contact the Premium Tax Unit of the Georgia Insurance Department at (404) 656-7553. (E-mail: premiumtax@oci.ga.gov)

SIGN HERE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature of Corporate Officer of Taxpayer	Date	Title
	Corporate Officer's Name (Please Print)		Telephone Number

GEORGIA INSURANCE DEPARTMENT

THE OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF PROGRAMS OR SERVICES.

IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND WISH TO ACQUIRE THIS PUBLICATION IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE ADA COORDINATOR, SAFETY FIRE DIVISION, OFFICE OF COMMISSIONER OF INSURANCE, No. 2 MARTLIN LUTHER KING JR. DRIVE, ATLANTA, GA 30334 - 404-656-2056

GID 12A

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PREMIUM TAX UNIT
***** REMINDERS *****

- **DO NOT mail the Annual Premium Tax Return with your Annual Statement.** (The Annual Statement should be mailed to the Regulatory Services Division.)
- Any request for a refund of overpayment of state premium tax must be made ***in writing and mailed separately*** from the Annual Premium Tax Return.
- Please call our office at (404) 656-7553 if you have any questions.
- Website information: www.gainsurance.org

Electronic Funds Transfer Information:

The State of Georgia accepts electronic transfer of funds for state, local and fraud fund payments. If your company would like to utilize this method of payment, please call the Premium Tax Division at 404-656-7553 for further information or premiumtax@oci.ga.us. Funds transferred electronically must be available to the Office of Commissioner of Insurance on or before the applicable due date or penalty and interest charges will be assessed in accordance with O.C.G.A. § 33-8-6(d).

Additionally, the Annual Premium Tax Return and Statements of Quarterly Premium Tax must be filed with the Office of Commissioner of Insurance regardless of which method of payment your company chooses to utilize. If your company uses a single electronic transfer to remit payment for a group of companies, you must provide a listing of all individual companies represented by such payment. This listing should include a breakdown of the amount of tax paid for each respective company.

2009 - DATES TO REMEMBER

The following items are due on the dates indicated below. This listing is not intended to be a comprehensive list of all filings due to the Georgia Insurance Department. This listing only addresses filings that are due to the Premium Tax Unit of the Georgia Insurance Department.

All payments must be received on or before the following due dates. If payment is mailed, it must be postmarked by the U.S. Postal Service (Not IN-HOUSE POSTAGE) on or before the following due dates:

March 2, 2009	Annual Premium Tax Return
March 20, 2009	First Quarter Statement of Quarterly Premium Tax
June 22, 2009	Second Quarter Statement of Quarterly Premium Tax
August 3, 2009	County/Municipal Tax
September 1, 2009	Special Fraud Fund Assessment
September 21, 2009	Third Quarter Statement of Quarterly Premium Tax
December 21, 2009	Fourth Quarter Statement of Quarterly Premium Tax

Please note: Pursuant to O.C.G.A. §33-8-6(d); late payment, underpayment or non-payment of any of the above items will result in the imposition of penalties in the amount of 10% of the amount due, together with interest on the amount due at the rate of 1% per month or any portion of a month from the date due until the date paid.